

## SHELTERED ENGLISH INSTRUCTION TRAINING OF TRAINERS WORKSHOP

The New Jersey Department of Education is providing a workshop for **administrators** and **teachers** who want to train district staff in sheltered English instruction (SEI). Sheltered English instruction is an instructional approach used by classroom teachers to make academic instruction in English understandable to English language learners (ELLs). The [FABRIC Paradigm](#) will be used as an organizational framework for this workshop.

The goal of this training is to equip teachers to work with administrators from their school to provide sheltered English instruction training. Participants will be provided with instruction tailored to their specific needs. Administrators and teachers will be expected to create a timeline for their own sheltered English instruction training sessions that adds up to no fewer than 15 hours in their district. Teachers who attend this training will be expected to provide at least 15 hours of sheltered English instruction training to 10 or more teachers from their districts.

**Prerequisites: In order to participate in this training, teachers must have successfully completed a sheltered English instruction or SIOP training consisting of at least 15 hours.**

### **Schedule:**

#### **Day 1**

Morning: Administrator and teacher are instructed about key SEI principles.

Afternoon: Teachers are instructed on effective turn-key techniques.\*

#### **Day 2**

Morning: Teachers learn how to identify key areas of need for ELLs and teachers in their districts.\*

Afternoon: Teachers are equipped with training tools and guided on their use. They also learn how to instruct groups of staff to practice self-reflection, self-monitoring, and follow-up strategies. \*

#### **Day 3**

Morning and Afternoon: Teachers work in small groups to focus their instruction and work towards implementation.\*

\*Sessions optional for administrators

**Note: Acceptance is based on an application process. After applying for the Sheltered English Instruction Training of Trainers Workshop you will be notified by email whether or not you have been accepted. Up to three teacher trainers and one administrator will be admitted per district.**

**Please complete the below contracts. In order to maximize the number of districts participating, registration (or attendance) is limited to three teachers and one administrator per district.**

**Dates of Training**

The \_\_\_\_\_ School District/Charter School would like to attend the following training (choose one):

☐ March 6-8, 2017

☐ July 10-12, 2017

**Administrator contract:**

I commit to schedule and promote at least 15 hours of training for 10 or more non-SEI trained teachers in our district and administer pre and post interviews.

At a minimum, I will attend the Sheltered English instruction Training of Trainers Workshop the morning of day 1.

The local SEI Training will be completed by the following date (choose one):

☐ August 1, 2017

☐ December 1, 2017

☐ August 1, 2018

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School district contract:**

The \_\_\_\_\_ School District agrees to comply with the above terms of the Sheltered English instruction Training of Trainers Workshop and submit a SEI professional development plan within 30 days of the end of the SEI Training of Trainers Workshop.

Administrator information:

Name	Title	phone #	email address
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher contracts:**

I/we commit to teach at least 15 hours of training for 10 or more non-SIOP/SEI trained teachers in our district and administer pre and post interviews.

I/we will attend the entirety of days 1, 2, and 3 of the Sheltered English instruction Training of Trainers Workshop.

**Teacher 1** received formal SIOP/SEI training at \_\_\_\_\_ in \_\_\_\_\_.  
Location Year

Sheltered English instruction model used for training (check all that apply):

☐ FABRIC ☐ SIOP ☐ GLAD ☐ CALLA ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher 2** received formal SIOP/SEI training at \_\_\_\_\_ in \_\_\_\_\_.  
Location Year

Sheltered English instruction model used for training (check all that apply):

☐ FABRIC ☐ SIOP ☐ GLAD ☐ CALLA ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher 3** received formal SIOP/SEI training at \_\_\_\_\_ in \_\_\_\_\_.  
Location Year

Sheltered English instruction model used for training (check all that apply):

☐ FABRIC ☐ SIOP ☐ GLAD ☐ CALLA ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher Trainer Application (1):**

I received formal SIOP/SEI training at \_\_\_\_\_ in \_\_\_\_\_.

Location

Year

\_\_\_\_\_ administered the training, and it took place over \_\_\_\_\_ hrs.

Organization/Instructor

Hours of Instruction

\* If possible, please attach a certificate or any other documentation to provide evidence of your attendance.

Please explain why you feel that, after participating in this workshop, you could effectively train teachers in your district.

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Please describe district-level needs and the groups of teachers that may be targeted for the training (e.g. science teacher, elementary teachers, etc.).

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Name

District

phone #

email address

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Position (e.g. 8<sup>th</sup> Grade ELA Teacher, 9<sup>th</sup> Grade Algebra Teacher, or 2nd Grade ESL Teacher)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher Trainer Application (2):**

I received formal SIOP/SEI training at \_\_\_\_\_ in \_\_\_\_\_.

Location

Year

\_\_\_\_\_ administered the training, and it took place over \_\_\_\_\_ hrs.

Organization/Instructor

Hours of Instruction

\* If possible, please attach a certificate or any other documentation to provide evidence of your attendance.

Please explain why you feel that, after participating in this workshop, you could effectively train teachers in your district.

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Please describe district-level needs and the groups of teachers that may be targeted for the training (e.g. science teacher, elementary teachers, etc.).

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Name

District/ Title

phone #

email address

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Position (e.g. 8<sup>th</sup> Grade ELA Teacher, 9<sup>th</sup> Grade Algebra Teacher, or 2nd Grade ESL Teacher)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher Trainer Application (3):**

I received formal SIOP/SEI training at \_\_\_\_\_ in \_\_\_\_\_.

Location

Year

\_\_\_\_\_ administered the training, and it took place over \_\_\_\_\_ hrs.

Organization/Instructor

Hours of Instruction

\* If possible, please attach a certificate or any other documentation to provide evidence of your attendance.

Please explain why you feel that, after participating in this workshop, you could effectively train teachers in your district.

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Please describe district-level needs and the groups of teachers that may be targeted for the training (e.g. science teacher, elementary teachers, etc.).

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Name

District/ Title

phone #

email address

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Position (e.g. 8<sup>th</sup> Grade ELA Teacher, 9<sup>th</sup> Grade Algebra Teacher, or 2nd Grade ESL Teacher)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_